MINISTRY OF HEALTH LIBRARY

Loddon

LODDON RURAL DISTRICT COUNCIL Farthing Green House Loddon Norwich Norfolk Nor 23W
Telephone Loddon ~~297-298~~ 551-2-3
R. A. Gorham *Clerk of the Council*

Annual Report

FOR 1966

of the

MEDICAL OFFICER OF HEALTH

and

SENIOR PUBLIC HEALTH INSPECTOR

Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

https://archive.org/details/b2973891x

LODDON RURAL DISTRICT COUNCIL

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1966

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Report on the state of the public health in this District for the year ended 31st December 1966.

INTRODUCTION

The extent to which climatic factors have an effect on the public health of a locality is undefined. Certainly those suffering from various rheumatic and respiratory disorders are commonly of the opinion that their health is closely related to the weather. In the wider view it may even be held that the psychological effect of, say, a fine summer may be of importance in the prevention and treatment of the stress illnesses which are increasingly common in the modern world. Be this as it may it is felt that an annual report on the state of the public health should contain a short record of the year's weather. Of 1966 this must be generally gloomy. Total rainfall was little over average but this was not the impression left by continuing damp and cloudy overcast. Total sunshine was, in fact, some 250 hours less than average. The second half of winter was not unduly severe although January was cold and there was some heavy snow. An unusually cold spell in mid April gave way to a good May in which sunshine and temperature were up to average. June, July and August were dull and wet but late holidaymakers enjoyed a dry and warm September. In October the gloom returned and cloud and light rain chracterised the remainder of the year.

The writing of the annual report necessarily enforces a pause for reflection on past progress - or lack of it - and must also encourage a forward look into the future. This is of special interest at the present time because public health practice is in a period either of run-down or of change and it is not yet clear which will be the case. Thepoint has been made in previous reports (but it is of such fundamental importance that it must continue to be made until the new course has been set) that the old public health concept of safeguarding the people from a hostile environment is now largely outdated. The people's health is already less threatened by the environment than by the unwisdom of the modern way of life and in each successive year the changing emphasis becomes more apparent. If it is considered that the public health service has mandate only to influence the environment and not to influence the people then, indeed, its work is on the decline but if the broader view is taken then the problems awaiting solution are at least as great as any faced in the whole history of public health work in this country. Probably the greatest of the problems is that of coronary artery disease and the 1965 figure of 113,000 deaths in England and Wales from this case was the highest ever. The number for 1966 is not yet available but there is no reason to suppose that it will indicate that the message of healthy living is beginning to be heard. The 'happy savage' does not suffer from coronary disease but it would be unrealistic to expect western society to live his life in order to avoid this modern scourge. Perhaps it will be held that the disease is part of the price of civilisation and that it must be accepted with resignation, at least until someone in a laboratory makes a discovery, but it is to be hoped that the public will before then come to accept the idea of modifying its mode of life in the interests of good health. This seems a pipe dream but there is hope in the ease with which the 'ex coronary' patient so often succeeds in reducing weight, in giving up smoking, in making time for suitable exercise and, above all, in learning to relax. Unfortunately this transformation in attitude requires an initial heart attack (because it is human to think that such things always happen to other people) and about a quarter of those attacked are given no opportunity of reform. Recent thought has been given to identifying healthy individuals who are in special danger of coronary artery disease by clinical and biochemical means. If such persons were induced to modify their way of life to no greater extent than to reduce weight and give up smoking, it is probable that a considerable reduction in the disease would result, particularly among the middle aged where its social effects are most profound. Perhaps progress will be made in this limited field of persuading people at special risk but whether limited or directed at the whole population, any such effort is health education and this, despite its unfortunate public image and its school-roomish title, is therefore the key (and perhaps the only key) to continuing improvement in the nation's health. The Health Education Committee of this Council continued its excellent work and so provided an example of what can be achieved by enthusiastic local effort. It is to be hoped that responsibility for health education will come to be accepted by more and more district councils because campaigns mounted at a more remote level and using all the powerful and expensive propaganda weapons of the mass media have been shown to have only a temporary effect. Perhaps the most effective arrangement will turn out to be 'grass root' activity by the public health authorities acting in co-ordination through and with the support of the County. Thus ideas would interchange, problems would be resolved, enthusiasm would be stimulated and, where necessary, funds would be available for projects beyond the financial scope of the district.

The question perhaps most frequently put to the writer is whether the constantly increasing use of pesticides is a hazard to health? Since the matter is therefore much in the public mind it may be well to say something about it in this report. The first of the modern pesticides, D.D.T., has been in use for about 20 years and for most of the time exposure to this and subsequent pesticides has been inevitable. They are present in minute quantity in public water supplies and even in rain and air; and they are present in food in varying quantities. It happens that certain of these substances are absorbed by the body and stored in fat so that it is possible to measure human exposure by measuring the quantity in body fat. This has been done regularly for a number of years and the present position in this country is that, firstly, there has been little increase in exposure in the last five years and, secondly, that similar investigations in certain other countries have indicated a much higher level of exposure. Present evidence - which is based on an experience of twenty years - suggests that the use of pesticides need cause no anxiety about human health but obviously this is an area in which complacency would be most ill advised and the matter is kept under constant review.

From the earliest days of interest in public health and up to the establishment of food rationing in the last war, the term 'malnutrition' implied a shortage of essential nutrients in the diet and was associated with an under-weight infant or child. Such malnutrition has only occurred in sporadic cases in the last quarter of a century but the associated folk-lore has persisted and the fat baby is still able to win baby contests and the overweight of the school child is regarded with parental approbation whilst the lean and wiry child is presented to school medical officers by anxious parents as being obviously deficient in some respect. In fact malnutrition (in this country) should now be regarded as synonymous with over nutrition and since weight control is now recognised as closely related to healthy living in adult life, the importance of avoiding bad dietary habits in childhood is obvious. The sweet eating habit, so dear to English children and to many of their parents, is unfortunate. Whatever the infinite variety in which the sugar is presented, it remains unchanged in its power to wreck teeth and to cause the laying down of fat without conferring any nutritional benefit. Whether the indictment against sugar is now complete is very doubtful and medical thought is already grouping a variety of illnesses, including coronary thrombosis and diabetes, as the saccharine diseases which have in common that they are possibly related to the over consumption of sugar. Whatever may come of this in the light of further research there is already ample reason for trying to bring up children on rather less carbohydrate and a great deal less refined sugar.

Despite the foregoing references to some of the shortcomings in the state of the public health today, it is nevertheless my pleasant duty to report that Loddon enjoyed a most satisfactory year in terms of health in 1966. The death rate fell to the remarkably low figure of 8.8 deaths for every thousand of the population, the statistics relating to maternal and child care were for a further year very satisfactory and the number of cases of infectious disease notified was the lowest for six years.

STAFF

Dr. D. F. Hadman served as your Medical Officer of Health throughout the year. As from 1st October he was appointed M.O.H. to Forehoe and Henstead Rural District Council and since this was made possible by a re-arrangement of County Council duties the new appointment had no effect on the time devoted to the affairs of your district.

Mr. K. S. Starling, Senior Public Health Inspector and Mr. R. W. Garrood, Public Health Inspector, served throughout the year. Mr. A. Moore was appointed Additional Public Health Inspector as from 1st February.

There is a countrywide scarcity of public health inspectors and it was unfortunate that proposals to start a local training course at Norwich City College proved unsuccessful for want of support. It is hoped that any future initiative will fare better.

VITAL STATISTICS

(a) General

The following data, with the exception of the last paragraph on road injuries, is supplied by the Registrar-General. By 'correcting' the birth and death rates to allow for the age structure of Loddon compared with the rest of the country, and by treating all the district rates with the reservation due to information based on small numbers, it is possible to reach conclusions about the state of health of the District.

(b) Population

The mid-year population of Loddon in 1966 was estimated at 12,850, this being based on the 1961 Census figure as modified by births and deaths and by the estimate of movement into and out of the District made annually by your officers to the Registrar-General. In 1966 there was a natural increase of 86 and a migratory increase of 164 in the population.

(c) Births

One hundred and ninety nine births (104 boys and 95 girls) were registered in 1966, of which 12 were illegitimate. The crude birth rate was therefore 15.5 live births per thousand population and the corrected rate was 16.0 per thousand. This compares with the 1965 corrected rate of 15.7 and a 1966 England and Wales rate of 17.7 per thousand population. Nine premature babies were born and all survived.

(d) Stillbirths

Two were notified giving a stillbirth rate of 10.0 still births per 1,000 total births and this compares with the England and Wales figure for the year of 15.3. Congenital abnormality was present in both cases.

(e) Infant Mortality

Three children died in infancy during 1966. The infant mortality rate was therefore 15.1 infant deaths per 1,000 live births and this compares with a national rate of 18.9 deaths which was the lowest so far recorded in England and Wales.

(f) Perinatal Mortality

This is the statistic which takes into account both stillbirths and infant deaths in the first week of life. It is thus a better index to the immediate outcome of pregnancy than either the still birth rate or the early neo-natal mortality rate (deaths in the first week of life) taken alone.

The perinatal rate for Loddon in 1966 was 14.9 still births and neo-natal deaths per 1,000 total births and this compares with the corresponding national figure for 1966 of 26.3 deaths per 1,000 births.

(g) Deaths

Deaths totalled 113 of which 58 were male and 55 female. These figures are very low and represent a crude death rate of 8.8 deaths per 1,000 population and a corrected rate of 7.9. This may be contrasted with an England and Wales rate of 11.7 deaths per 1,000 population. However, despite the sharp fall in the death rate only 41% of deaths occurred at the age of 75 years or more and it is apparent that the age structure of the population tended to increase in 1966.

(h) Road Injuries Data

The following details of road accidents are again made available by the Chief Constable. (The corresponding figures for 1965 are in brackets).

	Killed	Seriously Injured	Slightly Injured
Drivers	- (-)	16 (8)	26 (34)
Passengers	- (-)	10 (7)	21 (27)
Pedestrians	3 (1)	4 (2)	8 (3)
Motor Cyclists	- (-)	7 (14)	17 (24)
Pillion Passengers	- (-)	1 (3)	- (3)
Pedal Cyclists	1 (-)	7 (6)	4 (6)
TOTALS	4 (1)	45 (40)	76 (97)

COMMUNICABLE DISEASES

One hundred and four cases of infectious disease were notified during 1966, the details being appended in tables 15 to 17. MEASLES was responsible for 70 of these notifications, the two yearly epidemic having occurred from November 1965 to February 1966. Vaccination against measles was practised only on a very small scale.

Six cases of TUBERCULOSIS occurred and the source of infection was only apparent on one occasion. Four of them were chest infections in women aged 18, 30 and 58 and a man of 27 years. The two non-pulmonary cases were men of 43 and 45 years suffering from kidney and neck gland infection respectively. The latter was a known contact of a case of a pulmonary disease.

It will be known that an anti-tuberculous vaccine, B.C.G., is offered to all school children at 13 years who have not already gained a degree of natural immunity by exposure to the disease. A preliminary skin test is used to identify this group and the proportion of children with a positive skin test is therefore some index of the extent of the disease in the area. The result of this test at the Loddon secondary school was that 12 per cent of 60 children were positive, whilst the percentage of positive reactors in Norfolk generally was of the order of 15%.

The mobile radiography unit completed its Loddon tour in January 1966 having taken 2,206 x-rays and discovered 38 cases of disease including 4 of tuberculosis. In certain other parts of the country the principle of screening of the population to detect early and more easily treated disease was extended by offering various tests other than x-ray. The practice is popular and does not, it seems, breed hypochondriasis - it reassures rather than alarms.

Ten cases of SCARLET FEVER were notified and the customary practice was continued of examining family contacts of school age and excluding those harbouring the germ. These measures are taken because, although scarlet fever normally runs a very mild course, it is occasionally complicated by heart or kidney involvement. One of the ten cases did suffer such complication.

In a farming area the zoonoses or diseases of animals transmissible to man are of special interest. BRUCELLOSIS which presents as contagious abortion in cattle was the subject of much discussion during the year and a point has now been reached at which virtually all interested parties recognize the great waste, in terms of farming economy, which the infection causes and are agreed that eradication is overdue. A pilot eradication scheme was being mounted at the close of the year and will start on a voluntary basis. This is a welcome step but even if a total eradication scheme was already launched it would not merit special plaudit since several of the major countries of Europe have already succeeded in eliminating brucellosis. In fact no milk samples from Loddon herds were found to be infected in 1966.

Similarly no case of ANTHRAX, another important zoonosis, was reported during the year but there were several instances of SALMONELLA infection in calves. Salmonella germs, of which there are very many different types, are the most common cause of food poisoning in man. They are primarily a germ parasite of animals, especially calves, and if the animal reservoir did not exist then human infection would cease. In fact the effective animal reservoir has probably increased in recent years and the responsibility may lie in new methods of animal commerce. Calves are supplied by dealers to all parts of the country and an infected calf herd may therefore disseminate the infection widely. Contamination of transport vehicles by scouring animals may then, in the absence of an adequate vehicle cleansing system, lead to further spread to other herds. A particular problem arises from the practice of consigning calves not direct to a specific buyer but to the market place where the animals may infect or be infected. If the price is right the calves are sold but if not they are moved on to other markets. Each time the infected animal has opportunity of transmitting its infection and the healthy calf, susceptible by stress and exposed to salmonellosis, may acquire the infection. Four cases of calf infection were notified during the year and there were two cases of human salmonella food poisoning.

BACILLARY DYSENTERY due to the not very virulent Sonnei germ occurred in Toft Monks in July. Four cases were diagnosed but it is probable that a number of other people in the locality had previously been infected. In addition to these indigenous cases a further resident was infected with dysentery at a Norwich institution.

HEAD INFESTATION occurred more than once in 1966 and furnished further evidence that standards of personal hygiene, which have been assumed to have risen steadily with the increasing standard of education, may, for the time being, have slipped a little. A proportion of young people pass through a phase in which scruffiness is the correct thing and this facet of the modern human behaviour pattern is having a recognizable, though not very important, effect on the public health.

SMALLPOX was epidemic elsewhere in the country in the form of the unusual variola minor. It is of local interest that the first recognized outbreak of this disease in England occurred in the Waveney Valley in 1919, when cases occurred in Gillingham and Geldeston. On this recent occasion Norfolk remained uninvolved although one case of atypical chicken pox caused some concern in the District. Vaccination against smallpox reached a figure of 68% of Loddon infants which is still not satisfactory but an improvement on the low figure of the previous year. The vaccination of children after the first birthday instead of in infancy was not popular when the change was made some four years ago and was no doubt the reason for a falling acceptance rate. It seems that the trend has now been halted and reversed.

ENVIRONMENTAL HYGIENE

The following paragraphs do not provide a full account of this broad subject but full details may be found in the attached report of the Senior Public Health Inspector.

(a) Housing

Private enterprise built the record number of 122 dwellings in 1966 and the Council completed the Alpington and Gillingham schemes of 6 houses each.

A 10% sample Census was conducted during the year and the following results indicate the great progress that has been made in the five years since the last full census in improving housing standards in the District.

	Percentage of Houses WITHOUT			Percentage of Houses WITH
	Hot Tap	Fixed Bath	Waterborne Sanitation	All Three Amenities
Loddon R.D. 1961	44.3	43.3	41.5	51.4
Loddon R.D. 1966	22.9	23.4	17.9	72.6
All Norfolk Rural Districts 1966	24.3	25.6	18.2	68.0

The task of modernising the remaining twenty two of the 259 pre-war council houses continued satisfactorily. Only six remained to be done at the close of the year and these have now been completed. This is a most creditable achievement.

(b) Sewage Disposal

The Norton/Thurlton scheme was completed in 1966 but otherwise the year was a disappointing one in regard to Council's long term programme for sewering the District. Ministerial enquiries were held into both the Geldeston and the Thurton schemes after which a long period of waiting ensued. Meantime it was decided to include Dockeney in the Geldeston scheme, the residents having given an undertaking to connect to the sewer. Discussion continued over the siting of a disposal works to replace the seriously overloaded Loddon works and the matter remained unsettled at the end of the year. A threat to the public health will arise if the scheme is held up very much longer. Finally, a scheme was submitted to the Minister for sewering Hales into the proposed new Loddon works at Chedgrave.

(c) Water Supply

This was satisfactory as to quality if not always as to quantity and it was necessary to impose a hose pipe ban in July and August. The demand for domestic water is constantly increasing as more and more people attain a sophisticated standard of living. This, of course, is excellent, but since the amount of available water is limited, it may be sensible to look for alternatives to using potable meticulously purified water for irrigation or for the flushing of water closets. Wherever possible the local conservation of water is to be encouraged.

Bacteriological examination of mains water was satisfactory during the year although a new main at Sisland was persistently contaminated for many months after being laid. There was little doubt that soil organisms had been trapped in the grease used in jointing the pipes and that these germs were gradually released into the water flow during the months of sampling. The organisms were almost certainly harmless but it was nevertheless necessary to recommend boiling of all water for drinking.

(d) Public Health Nuisances

It may be of interest to report that during the year the Ministry of Housing and Local Government gave its opinion on two aspects of the impingement of housing development on animal husbandry and of subsequent complaint of farmyard nuisance. Firstly, the Ministry considered that there was a case for withholding planning permission to housing development in situations where neighbouring agricultural activity would constitute a nuisance to the new residents. Secondly, it was considered whether, in the event that housing had developed in proximity to a farm, any consequent serious nuisance should be treated as a statutory nuisance and abatement action taken. The Ministry considered that normal action should be taken and it appeared that the fact that the farmer was there first did not provide him with any privilege.

A significant danger to health is caused by the contamination of lay-bys which, with their surrounding area, tend to become used as a public lavatory. The County Council, as Highway Authority, has so far not accepted the principle of building public conveniences at chosen lay-bys because the Ministry of Transport has not yet reached conclusions from its trunk roads pilot scheme. The problem is a difficult one. The responsibility of the public health authority is to prevent a threat to health and not to provide lavatory accommodation for road users who are already catered for by garages and public houses. Public conveniences will only achieve this if they are proof against vandals and those of insanitary habits. The results of the Ministry experiment will indicate whether this is possible. Meantime it will be helpful if any new lay-bys are sited in open country and not, as is sometimes the case, adjacent to woodland cover.

The wet year was favourable to rat increase and they caused widespread nuisance. The rat-catcher dealt with all the complaints received in the office but it is clearly impossible for one man to exert a really significant influence on the natural increase and decrease of the animal throughout an area the size of Loddon. Effective rat control would be achieved either by a major official campaign on the lines of the anti-coypu effort, or by persuading each farmer and householder to take personal action. A major campaign would not be economically possible for a district council and, in any case, it would be fruitless to mount such a campaign unless neighbouring authorities were doing likewise. From this point of view it may be thought that the 1949 Pests Act, which transferred responsibility for rodent control from county to district, was not a helpful measure. With regard to widespread action by the public, one of the principal difficulties is the frustration of the individual who clears his own rats only to be re-infested from neighbouring property. A local authority should do all it can to encourage individual effort and it may be that statutory action should be taken a little more often than is usually the case. Warfarin remains the rodenticide of choice and is efficient when properly used. Reports were published during the year of Warfarin resistant rats on the Welsh border and the failure of faulty baiting technique has since been blamed on 'resistance' wherever it has occurred. In fact no Warfarin resistant rat has been found in East Anglia.

Further investigation was made of complaint of nuisance arising from the gravel and asphalt plant on Broome Heath and, at the same time, the planning aspects of the matter were considered. It was the writer's opinion that there was not a statutory public health nuisance such as to justify Council in initiating legal proceedings.

COUNTY COUNCIL SERVICES

A brief account of the welfare services provided under the National Health Service and National Assistance Acts was included in the Report for 1965 and the various official and voluntary agencies continued this excellent work in 1966.

The Home Help Service continued to expand and this undoubtedly enables many elderly people to continue in their own homes rather than to go into county accommodation when they begin to have difficulty in looking after themselves. The Meals-on-Wheels service also plays a most important part in caring for the welfare of the elderly and it continued in five parishes during the year , whilst the Old Peoples' Clubs which do most valuable work in countering the common loneliness of age, functioned in ten parishes.

The Loddon Committee of the Norfolk Association for the Care of the Physically Handicapped continued its work, as did the agencies responsible for the welfare of the mentally ill and the mentally handicapped. The Social centre for subnormal adolescents and adults at Woodton filled a vital need in helping these people to feel wanted and part of the community. The public attitude to mental disorder has changed greatly in recent years but there is still much room for more humanity and the social centres do make for a better understanding.

Disappointment was suffered in that a start was not made on the proposed Home for the Elderly at Chedgrave. It appeared that building might be seriously delayed and you took up the matter with the County Council. It is now hoped and believed that the home, which will be the first in Loddon District, will be built as soon as present financial restrictions are eased.

The problem of hypothermia in the elderly remained in mind and with the onset of colder weather a leaflet was sent out to home helps and others which explained the danger; how it is prevented, recognized and treated. At the same time low reading clinical thermometers were made available to nurses so that suspected low body temperatures could be confirmed and minimum reading thermometers were also made available so that lowest bedroom temperatures could be recorded. Since the winter proved mild there was fortunately little evidence of hypothermia but the arrangements will prove their value in due course.

HEALTH EDUCATION

Some general reflections on this subject appear in the introduction to this report. The Health Education Committee met three times during the year and arranged an active and enthusiastic programme. Very successful exhibitions concerned chiefly with home safety, were mounted at the Woodton Steam Engine Rally and the Loddon Playing Field Fete and a water safety exhibition was arranged at Loddon Secondary Modern School. It was estimated that a total of well over two thousand people visited these exhibitions so that it is reasonable to believe that something worthwhile was accomplished. In addition to this the Committee continued to provide speakers on health education topics and continued also to encourage the visiting of elderly people through its good neighbour scheme.

CONCLUSION

I am again grateful to the Chairman of Council and the Chairman and Members of the Public Health Committee for their encouragement and support throughout the year. I would like also to acknowledge the ready co-operation of my colleagues at Loddon and at the Norwich Office.

I have the honour to be

Your obedient servant

D. F. Hadman

Local Health Office,
Aspland Road,
Norwich.
NOR.19S.

LODDON RURAL DISTRICT - 1966

Table 1. GENERAL STATISTICS

Area (in acres)	60,406
Estimated Resident Population	12,850
Rateable Value	£ 270,498
Sum produced by a Penny Rate	£ 1,100

Table 2. LIVE BIRTHS

	Males	Females	Total
Legitimate	98	89	187
Illegitimate	6	6	12
Totals	104	95	199

Live Birth Rate per 1,000 estimated resident population = 15.5

Table 3. STILL BIRTHS

	Males	Females	Total
Legitimate	2	-	2
Illegitimate	-	-	-
Totals	2	-	2

Still Birth Rate per 1,000 total births = 10.0

Table 4. TOTAL BIRTHS

	Males	Females	Total
Legitimate	100	89	189
Illegitimate	6	6	12

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of infants under 1 year)

	Males	Females	Total
Legitimate Illegitimate	2 -	1 -	3 -
Totals	2	1	3

Infant Mortality Rates
Total = 15.1 (per 1,000 live births)
Legitimate = 16.0 (per 1,000 legitimate births)
Illegitimate = 0.0 (per 1,000 illegitimatebirths)

(b) Neo-Natal Mortality (Deaths of Infants during the first four weeks)

	Males	Females	Total
Legitimate Illegitimate	1 -	1 -	2 -

Neo-Natal Mortality Rate (per 1,000 live births) = 10.1

(c) Early Neo-Natal Mortality (Deaths of Infants under 1 week)

	Males	Females	Total
Legitimate Illegitimate	- -	1 -	1 -

Early Neo-Natal Mortality Rate (per 1,000 live births) = 5.0

(d) Perinatal Mortality (Still births and deaths under 1 week)

	Males	Females	Total
Legitimate Illegitimate	2 -	1 -	3 -

Perinatal Mortality Rate (per 1,000 total births) = 14.9

Table 6. ILLEGITIMATE BIRTHS

Males - 6 Females - 6 Total = 12 = 6% of total live births.

Table 7. MATERNAL DEATHS (Including abortion) = NIL

Maternal mortality rate (per 1,000 total births) = 0.0

Table 8. DEATHS (All ages)

Males	Females	Total
58	55	113

Crude Death Rate per 1,000 of estimated resident population = 3.8

Table 9. CAUSE OF DEATHS OF INFANTS UNDER ONE YEAR

	Males	Females	Total
Bronchopneumonia	1	-	1
Cerebral haemorrhage	-	1	1
Anaemia - (Rhesus incompatibility)	1	-	1
Totals	2	1	3

Table 10. NOTIFICATIONS OF DEATHS RECEIVED DURING THE YEAR (According to Age Groups)

	Males	Females	Total
Under 4 weeks	1	1	2
4 weeks and under 1 year	1	-	1
1 " " 5	-	-	-
5 " " 15	1	-	1
15 " " 25	-	1	1
25 " " 35	1	-	1
35 " " 45	2	2	4
45 " " 55	4	4	8
55 " " 65	9	12	21
65 " " 75	17	11	28
75 and over	22	24	46
Totals	58	55	113

Table 11. CAUSE OF TOTAL DEATHS (Registrar-General)

Cause	Males	Females	Total
9. Other infective and parasitic diseases	-	1	1
10. Malignant neoplasm, stomach	-	1	1
11. Malignant neoplasm, lung, bronchus	3	1	4
12. Malignant neoplasm, breast	-	1	1
13. Malignant neoplasm, uterus	-	1	1
14. Other malignant and lymphatic neoplasms	9	7	16
15. Leukemia and aleukemia	-	2	2
16. Diabetes	2	-	2
17. Vascular lesions of nervous system	7	8	15
18. Coronary disease, angina	12	11	23
19. Hypertension with heart diseases	-	2	2
20. Other heart diseases	5	5	10
21. Other circulatory diseases	2	6	8
22. Influenza	1	-	1
23. Pneumonia	4	1	5
24. Bronchitis	3	1	4
25. Other diseases of respiratory system	1	-	1
28. Nephritis and nephrosis	-	1	1
29. Hyperplasia of prostate	1	-	1
31. Congenital malformations	1	-	1
32. Other defined and ill-defined diseases	3	4	7
33. Motor vehicle accidents	1	1	2
34. All other accidents	2	-	2
35. Suicide	1	1	2
Totals	58	55	113

Table 12. SUMMARY OF BIRTH AND DEATH RATES

	1960	1961	1962	1963	1964	1965	1966
Live Births per 1,000 pop.	(171)	(174)	(184)	(193)	(142)	(191)	(199)
Loddon R.D.	13.5	14.2	15.0	15.6	11.4	15.2	15.5
Area 5	14.1	14.2	13.9	15.2	14.9	14.4	15.0
England and Wales (provisional)	17.1	17.4	18.0	18.2	18.4	18.1	17.7
Still Births per 1,000 total births	(2)	(1)	(5)	(8)	(2)	(4)	(2)
Loddon R.D.	11.6	5.7	26.5	39.8	13.9	20.5	10.0
Area 5.	20.7	8.9	21.4	29.1	6.7	13.5	17.5
England and Wales (provisional)	19.7	18.7	18.1	17.3	16.3	15.7	15.4
Crude Deaths per 1,000 pop.	(130)	(137)	(144)	(139)	(126)	(144)	(113)
Loddon R.D.	10.2	11.2	11.7	11.2	10.1	11.4	8.8
Area 5	11.8	12.4	12.1	12.2	12.9	13.3	11.9
England and Wales (provisional)	11.5	12.0	11.9	12.2	11.3	11.5	11.7
Infant Mortality per 1,000 live births	(2)	(1)	(3)	(2)	(2)	(-)	(3)
Loddon R.D.	11.7	5.7	16.3	10.4	14.1	0.0	15.1
Area 5	14.1	9.0	14.5	11.6	20.5	6.8	14.6
England and Wales (provisional)	21.7	21.4	21.4	20.9	20.0	19.0	18.9

NOTE 1. Figures in brackets are the actual numbers for Loddon R.D.
2. Area 5 comprises Depwade & Loddon R.Ds., and Diss & Wymondham U.D.s.

Also Forehoe and Henstead R.D. from 1.10.66. but statistics for this district have not been included in this annual report.

Table 13. DEATHS DUE TO CANCER - Loddon R.D.

	1960	1961	1962	1963	1964	1965	1966
Number of deaths	23	23	23	25	23	19	25
Percentage of total deaths	17.7	15.3	16.0	18.0	18.0	13.2	22.1

Table 14. CANCER DEATHS DURING LAST FIVE YEARS - Loddon R.D.

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1966	58	12	3	55	13	1
1965	70	12	4	74	7	1
1964	66	12	3	60	11	-
1963	66	12	3	73	13	2
1962	85	15	4	59	8	1
Totals	345	63	17	321	52	5

Table 15. NOTIFICATION OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) According to Age Groups - Loddon R.D.

	Under 1	1-4 yrs.	5-14 yrs.	15-24 yrs.	Over 25	Total
Scarlet Fever	-	4	5	1	-	10
Measles	4	35	30	1	-	70
Whooping Cough	-	-	1	-	-	1
Pneumonia	-	1	-	-	8	9
Puerperal Pyrexia	-	-	-	1	1	2
Food Poisoning	-	2	-	-	-	2
Dysentery	-	2	-	-	2	4
Totals	4	44	36	3	11	98

Table 16. INCIDENCE OF INFECTIOUS DISEASES (EXCLUDING TUBERCULOSIS) During last five years - Loddon R.D.

	1962	1963	1964	1965	1966
Scarlet Fever	6	7	12	8	10
Measles	84	266	79	101	70
Whooping Cough	5	6	1	75	1
Pneumonia	11	11	10	6	9
Infective Jaundice	1	4	1	2	-
Erysipelas	-	-	1	1	-
Dysentery (Sonne)	-	37	1	-	4
Food Poisoning	-	5	4	1	2
Puerperal Pyrexia	1	3	1	2	2
Meningococcal infection	-	1	-	-	-
Paratyphoid Fever	1	-	-	-	-
Totals	109	340	110	196	98

Table 17. DETAILS OF NEW CASES OF TUBERCULOSIS FOR LAST FIVE YEARS Loddon R.D.

		1962	1963	1964	1965	1966
Pulmonary	Male	2	-	2	-	1
	Female	1	-	-	-	3
Non-Pulmonary	Male	-	-	2	-	2
	Female	-	1	-	1	-
Loddon R.D.	Total	3	1	4	1	6
Area 5	Total	8	7	7	8	10

Table 18. VACCINATION AGAINST SMALLPOX

Vaccination of children (under five years of age) during the last five years resident in the District and Area 5, are shown in the following table.

	Loddon R.D.					Area 5				
	1962	1963	1964	1965	1966	1962	1963	1964	1965	1966
Number of live births registered	184	193	142	191	199	550	601	592	584	617
Number of vaccinations recorded (0-4 years)	145	65	95	92	135	420	222	276	326	417
Percentage vaccinated	79	34	67	48	68	76	37	46	56	67

Table 19. VACCINATION AGAINST POLIOMYELITIS

The following is the number of primary immunisations and boosters given in Area 5 since the scheme commenced. Table A shows the numbers immunised with the Salk vaccine (by injection) and Table B those given the Sabin vaccine (oral) which became generally available in mid-1962.

(A) SALK

Year	Primary			Booster (3rd)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	Age 5-12
1966	4	-	*	10	2	2	-
1965	28	2	*	18	7	*	-
1964	24	5	1	30	5	-	5
1963	31	4	26	42	6	31	-
1962	234	37	151	294	115	914	27
1961	601	535	2068	427	228	824	3017
1960	397	227	853	660	566	1636	-
1959	593	677	2220	1377	3261	864	-
1958	1648	3159	154	32	1284	2	-
1957	197	1115	-	-	-	-	-
1956	40	121	-	-	-	-	-

(B) SABIN

Year	Primary			Booster (3rd- after 2 Salk)			Booster (4th)
	Age 0-4	Age 5-14	Age 15+	Age 0-4	Age 5-14	Age 15+	School Age
1966	612	30	*	-	-	*	417
1965	470	39	*	-	-	*	519
1964	554	129	22	5	1	-	785
1963	424	22	15	66	2	-	483
1962	197	131	1359	230	312	1077	426

* Records for persons over 15 years not available.

Table 20. DIPHTHERIA IMMUNISATION

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 5.

Year	Primary Injections			Booster Injections	
	Under 1	Total under 5	Age 5-14	Under 5	Age 5-14
1966	256	594	34	370	670
1965	165	474	74	210	899
1964	204	486	23	125	342
1963	244	547	97	94	361
1962	155	443	28	48	304

Table 21. IMMUNISATION AGAINST WHOOPING COUGH

The following is the number of whooping cough immunisations recorded in Area 5 during the last five years.

	Primary				Boosters
Year	Under 1	Age 1-4	Age 5-14.	Total	Under 5
1966	256	336	5	597	368
1965	161	302	4	467	135
1964	202	276	8	486	89
1963	244	301	5	550	86
1962	149	291	12	452	45

Table 22. IMMUNISATION AGAINST TETANUS

The following is the number of tetanus immunisations recorded in Area 5 during the last five years. Immunisation against this disease was included in the County Council's scheme in September 1958.

Year	Primary				Booster		
	Age Under 1	Age 1-4	Age 5-14	Age 15+	Age 1-4	Age 5-14	Age 15+
1966	256	338	203	*	374	1058	*
1965	165	310	355	*	212	1589	*
1964	204	282	136	124	131	418	65
1963	242	306	504	219	100	284	44
1962	152	312	725	399	50	103	37

* Records for persons over 15 years not available

Table 23. B.C.G. VACCINATION AGAINST TUBERCULOSIS

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations in Area 5 in the last five years is recorded.

Year	Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
1966	553	67	454
1965	556	86	427
1964	474	68	382
1963	472	97	352
1962	586	146	434

To The Chairman and Members of the
Loddon Rural District Council.

MadamChairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year ending 31st December, 1966.

HOUSING.

(a) New Dwellings.

The number of new dwellings constructed in the district during the year is as follows :-

Type of Dwelling.	Council.	Private.	Total.
Bungalows.	28	97	125
Houses.	0	25	25
TOTAL :	28	122	150

This is the largest total number of dwellings constructed in any one year. Since the war 1,455 dwellings have been constructed, which is approximately a third of the total number of dwellings in the area.

In February the new Building Regulations came into operation. These are very complex, technically and legally, and are under constant revision.

(b) Old Dwellings.

Modernising property by means of Housing Act grants continued. The number of applications was as follows :-

Standard Grants.

	Number Received.	Number Approved.	Number Completed.
Owner/Occupier.	28	28	15
Tenant.	31	31	31
TOTAL	59	59	46

(b) Old Dwellings continued

Discretionary Grants.

	Number Received.	Number Approved.	Number Completed.
Owner/Occupier.	15	15	8
Tenant.	13	13	15
TOTAL	28	28	23

It appears that considerable progress has been made in the modernising of dwellings since Grants were introduced and sewerage schemes completed, although many more of the latter are essential, also the maximum grant of £400 should be increased.

In the 1951 Census the following figures were stated :-

Houses without piped water ...	2,596.
Houses without W.C's	2,819.

At the end of 1966 the following figures applied :-

Houses without piped water ...	454.
Houses without W.C's	804.

Action taken in respect of old Property.

Visits and inspections	161.
Demolition Orders.	2.
Closing Orders	2.
Undertakings	4.
Houses demolished	10.
Houses Repaired	48.

(c) Overcrowding.

There were no cases of overcrowding reported or investigated during the year.

(d) Verminous and other infested premises.

Four cases were investigated and treatment carried out satisfactorily.

(e) Moveable Dwellings.

As in previous years an August survey was carried out by the department for the County Council, to ascertain the number of tents and caravans in the area at the seasonal peak.

There are two licensed caravan sites, each limited to a specified number of holiday caravans during the summer months. One site is undergoing improvements at the present time.

Number of Residential Caravans 11.

Number of Visits ..... 34.

WATER SUPPLIES.

(a) Rainfall.

The total rainfall in 1966 for the Loddon area was 22.48 inches compared with 24.77 inches the previous year, and the two extremes over the last fourteen years are 16.57 inches in 1959 and 30.81 inches in 1960.

The Norfolk average over the last twenty nine years is 25.94 inches.

The Loddon figures for 1966 are :-

Month.	Monthly Rainfall.	Total Rainfall.
January.	1.15	1.15
February.	2.24	3.39
March.	0.67	4.06
April.	1.88	5.94
May.	1.51	6.45
June.	2.37	8.82
July.	3.02	11.84
August.	1.88	13.72
September.	0.66	14.38
October.	2.76	17.14
November.	3.19	20.23
December.	2.25	22.48

(b) Public Water Supplies.

The district continues to be supplied with mains water from :-

(1) Norwich Waterworks (source River Wensum) via the water tower at Yelverton (20,000 gallons capacity), the water tower at Loddon Ingloss (245,000 gallons capacity) and the booster main through Brooke. This water supplies the whole area apart from six southern parishes bounding the River Waveney.

(ii) East Anglian Water Company (Headworks at Outney Common, Bungay) via the steel water tower at Ditchingham (90,000 gallons capacity). This serves the southern parishes of Ditchingham, Broome, Kirby Cane, Ellingham, Geldeston and Gillingham.

Water mains extensions were laid in Chedgrave and Sisland and a nine inch link main was laid from Garden House Corner, Mundham, to the junction with Ingloss Road. This is to allow full benefit to be derived from the larger pumps being installed by Norwich Waterworks.

The figures for connection to the water mains are shown in the table on page 5.

A total of 259 new connections was made including 13 metered supplies.

Bacteriological water samples were taken from consumers' taps and from new lengths of water mains, for analysis by the Public Health Laboratory. Of the 97 samples taken 64 were highly satisfactory, but the other 33 were not of a sufficiently high standard for a mains supply. This appears to be a high number, but they all came from a small mains extension which was tested before being brought into use. Re-chlorination, re-flushing and re-sampling have been carried out several times and the matter is still being investigated.

Private Water Supplies.

Of the 16 samples taken from well supplies submitted for bacteriological analysis, 7 were satisfactory and 9 were not fit for human consumption.

As a result of these bad samples, 3 wells were closed, 1 well was chlorinated, 6 houses were provided with mains water and three more properties will connect to the main when available. In the meantime advice to boil the water has been given.

PARISH.	Total Domestic.	Total Meters.	Total to Date.
ALDEBY.	101	29	130
ALPINGTON.	82	12	94
ASHBY ST.MARY.	33	9	42
BEDINGHAM.	38	21	59
BERGH APTON.	127	27	154
BROOKE.	297	35	332
BROOME.	114	18	132
BURGH ST. PETER.	61	10	71
CARLETON ST. PETER.	3	4	7
CHEDGRAVE.	240	9	249
CLAXTON.	39	4	43
DITCHINGHAM.	333	31	364
ELLINGHAM.	85	16	101
GELDESTON.	104	22	126
GILLINGHAM.	131	17	148
HADDISCOE.	112	26	138
HALES	88	14	102
HECKINGHAM.	37	14	51
HEDENHAM.	54	20	74
HELLINGTON.	16	3	19
HOWE.	13	4	17
KIRBY CANE.	92	16	108
KIRSTEAD.	49	14	63
LANGLEY-WITH-HARDLEY.	99	16	115
LODDON.	410	83	493
MUNDHAM.	32	15	47
NORTON SUBCOURSE.	88	25	113
RAVENINGHAM.	57	20	77
SEETHING.	91	22	113
SISLAND.	5	1	6
STOCKTON.	24	12	36
THURLTON.	90	23	113
THURTON.	121	14	135
THWAITE.	18	12	30
TOFT MONKS.	88	15	103
TOPCROFT.	52	24	76
WHEATACRE.	27	12	39
WOODTON.	112	33	145
YELVERTON.	30	14	44
TOTAL :	3,593	716	4,309

These figures are rather misleading as 469 dwellings, i.e. farm houses and cottages, are supplied through farm meters, and on adding this number to the domestic figure of 3,593, gives a total of 4,062 houses with mains water.

In addition there are 121 houses with own supply of water in the house and 13 houses are supplied by Lothingland R.D.C., now East Anglian Water Company, giving a final figure of 454 properties not on mains supply.

The number of dwellings in the area at 31st December was 4,650.

SEWERAGE.

Existing Plants.

There are six main sewage disposal works in the area :-

1. Loddon and Chedgrave
2. Brooke.
3. Ditchingham.
4. Ellingham and Kirby Cane.
5. Gillingham
6. Norton and Thurlton.

In addition, there are thirty small disposal works, serving Council and private Housing Sites, where no main scheme is available These are incorporated into the main schemes as they are constructed.

The Norton and Thurlton scheme was completed and officially came into operation on the 1st June The Council House plant at Beccles Road, Thurlton, was connected to the system and since that date thirty two private properties have connected as a result of action under the Public Health Act, 1936. In addition eighteen new private dwellings and ten pre-war Council Houses have connected. This makes a total of eighty two properties on the sewer at the end of the year or seventy per cent of the total likely to be connected. This is good progress in seven months.

Future Schemes.

(1) Geldeston village scheme has been prepared and the Ministry inquiry has been held. It is hoped the work will commence in early 1968.

(2) Loddon and Chedgrave new works have made little progress to date, apart from the planning approval. The result of the Ministry inquiry is still awaited.

(3) Brooke and Thurton new works and sewers have reached the approval stage after the Ministry inquiry. Trial holes have been made and the properties have been surveyed in respect of sewer connections.

(4) Hales and Heckingham village scheme, which consists of sewers and pump house only (the sewage will be pumped to the new Loddon Works) has been surveyed and arrangements have been made for trial holes to be bored.

Septic Tank Emptying.

In spite of mechanical troubles and staff illness, the total gallonage pumped in the year was 1,171,000 gallons, which was 138,000 gallons more than the last year, and is a monthly average of 97,583 gallons.

The number of new septic tanks built in a year exceeds the number which is, and can be, connected to sewerage systems. As modernisation of old property continues, so will the number of septic tanks increase.

Every endeavour is made to arrange work on a contractual basis, and while this is the case with schools, industrial and other institutional premises, the great majority of the public does not consider it worth while. The myth still exists that a septic tank will not need emptying for very many years, but the excess quantity of water, use of disinfectants, detergents and other chemicals, upsets the natural processes of bateriological action and as a consequence more frequent emptying is necessary.

Generally.

Apart from six main sewage works and 12 ancillary pumping stations there are two small pumping units to be maintained, serving a small private housing estate, and All Hallows Community.

Frequency of effluent sampling has been stepped up by the River Authority, but additional samples are taken by your staff and submitted to the Public Analyst for determination under the Royal Commission standard.

Field samples are also taken and analysed by your staff in the office; the test results give a guide to the efficiency of a particular plant.

The overall picture as far as effluents are concerned, appears to be :-

(a) Loddon and Brooke Works can still produce effluents of a Royal Commission standard, but only as a result of extra time and labour being made available. The results are, however, borderline and are easily upset.

(b) Ditchingham Works continues to give a very good effluent well within the standard.

(c) Ellingham and Gillingham Works appear to be settling down and produced good samples towards the end of the year.

(d) Norton Works is now producing enough effluent to test, and the results so far are pleasing for so new a plant. It is hoped it will settle down more quickly than has been the experience at other new plants.

REFUSE COLLECTION AND DISPOSAL.

566 loads, equalling approximately 16,980 cubic yards were collected, an increase of 720 cubic yards over 1965.

Taking the present day average weight of 3½ cwts. per cubic yard, the total weight of household refuse collected was 2971.5 tons.

This is an average of 12.72 cwts. per 1,000 population per day (365 days), which can be broken down to give a figure of almost 5 lbs per household per day (at 3½ persons per household).

The weekly collection continued satisfactorily with the two compressor type vehicles. This service was augmented during the summer season by a special collection from boatyards and by the inauguration of a collection of bulk items in April and October. This particular collection met with a favourable response and enabled householders to dispose of large items which could not be taken on the ordinary service.

SUPERVISION OF FOOD SUPPLIES

(1) Meat Inspection.

There is only one licensed slaughterhouse in the district and one hundred per cent inspection is carried out.

CARCASE AND OFFALS INSPECTED IN WHOLE OR PART

Details.	Cattle.	Calves.	Pigs.	Sheep.
Number killed.	205	Nil	Nil	6
Number inspected.	205	Nil	Nil	6
All diseases, except tuberculosis.				
(a) Where whole carcase condemned.	Nil	Nil	Nil	Nil
(b) Carcase of which some part or organ was condemned.	14	Nil	Nil	Nil
(c) Percentage of number inspected affected with disease other than T.B.	6.83	Nil	Nil	Nil
Tuberculosis only.				
(a) Whole carcase condemned.	Nil	Nil	Nil	Nil
(b) Carcase of which some part or organ was condemned.	1	Nil	Nil	Nil
(c) Percentage of inspected number affected with T.B.	0.488	Nil	Nil	Nil

The following condemnations of carcase parts or offals were voluntarily surrendered:-

(1) Meat Inspection continued

Animal.	Organ or parts.	Condition.
Beast.	10 Livers.	Abscessed.
Beast.	1 Liver.	Distomatosis.
Beast.	1 Liver.	Fatty infiltration.
Beast.	2 Kidneys.	Hydronephrosis.
Beast.	Head and Tongue.	Tuberculosis.

It is satisfactory to note that there was only one case of tuberculosis, and this was only a small calcified lesion. The number of livers affected by abscesses has risen over the last few years and may well be due to the intensive rearing and feeding of young animals.

Number of visits 66

(2) Inspection of other Foods.

Modern methods of packaging, presentation and preservation of foods, have greatly reduced the old problem of unsound food.

The refrigerated food display counter has become so widespread that nearly all country stores now have them. This has enhanced sales and gives an improved means of display which is both safe and hygienic.

The following items of food were voluntarily surrendered :-

4 tins of corned beef, totalling 24 lbs.

Most blown tins are now dealt with by the Grocer and his supplier and the Public Health Department deals with the border line cases when they occur.

Number of visits 159.

Food Premises.

The number of food premises is made up as follows :-

General Stores	48
Butchers Shops	5
Fish & Chip Shops	4
Bakeries	1
Public Houses	36
Cafes	2
	96

RODENT CONTROL

The Council's Rodent Operator carried out surveys, inspections and treatment in villages, trade premises, some farms, Council refuse tips and sewage works.

Number of properties.

	Inspected.	Treated.
Dwellinghouses.	3,376	802.
Agricultural and Trade.	66	66.
Council Works.	7	6
	3,499.	874.

This work includes treatment of both rats and mice. There has been no evidence of immunity to the poison used. The bulk of treatments require the use of Warfarin, but some zinc phosphide is used.

INFECTIOUS DISEASES

The department was called upon to investigate certain cases of infectious disease and 24 visits were made to reported cases of Scarlet Fever, Sonne Dysentery, Salmonella infection and Weils Disease (not confirmed).

FACTORIES ACT.

There are 79 Factories with and 13 without mechanical power.

Alterations and extensions have been made to existing premises, and two new premises have been erected. There are 20 Outworkers, 9 of which are engaged in making wearing apparel and one in net making.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963.

Early in the year 72 visits were made to ascertain to which premises the Act applies.

After transferring responsibility for a number of offices to H.M. Factories Inspector, and receiving several new registrations, there are now 40 premises in the district which come within the scope of the Act. 86 visits were made to these registered premises during the year.

OFFICES, SHOPS & RAILWAY PREMISES ACT, 1963 continued

The following contraventions were noted and appropriate action taken :-

		Remedied.
No thermometers.	10	6
Inadequate guarding of machinery.	3	In hand.
Insufficient first aid equipment.	2	2
Inadequate washing facilities.	2	1
No sanitary accommodation.	1	1
Redecoration required.	2	In hand.

GENERAL.

The following is the summary of other inspections and visits carried out :-

Sewage works, sewer connections, etc.	648
Drainage tests and inspections	400
Building Regulations, etc.	975
Discretionary Grants	200
Standard Grants	291
Nuisance Visits	301
Nuisances abated	286
Water Supplies	177
Rodent Control	56
Petroleum Regulations	139
Miscellaneous visits (Street lighting, footpaths, burials, etc)	146

In conclusion I would like to thank the members of the Council and Public Health Committee for their interest and support; also to Dr. D.F. Hadman, the Medical Officer of Health, and other members of the staff for their help and co-operation.

I am, Madam Chairman, Ladies and Gentlemen,

Your obedient servant,

K. S. STARLING.